

In The United States District Court  
Northern District of Oklahoma

FILED

MAY 16 2011

Phil Lombardi, Clerk  
U.S. DISTRICT COURT

United States of  
America

Appellee  
Plaintiff/Petitioner - Appellant

v.  
Lindsey Kent Springer

Appellant  
Defendant/Respondent - Appellee.

Case No. ~~to~~ 09-CR-043

Declaration in Support of  
Motion for Leave to Proceed on  
Appeal Without Prepayment of  
Costs or Fees

## Declaration

I, Lindsey K. Springer, the petitioner/appellant in the  
captioned case move this court for leave to proceed in forma pauperis.

In support of this motion, I state that because of my poverty, I am unable to pay the  
costs of said proceedings or give security therefor, I submit the following financial  
declaration.

Mail       No Cert Svc       No Orig Sign  
 C/J       C/MJ       C/Ret'd       No Env  
 No Cpy       No Env/Cpy's       O/J       O/MJ

## FINANCIAL DECLARATION

### Affidavit to Accompany Motion for Permission to Appeal in Forma Pauperis

I swear or affirm under penalty of perjury that because of my poverty I am unable to pay the docket fees of my appeal or to post a bond for them. I believe I am entitled to a different result than that reached in the district court.

I further swear or affirm under penalty of perjury that the responses which I have made to the questions and instructions below relating to my ability to pay the fees for my appeal are true.

**Instructions. Please complete all questions in this application and then sign it on the last page.** If the answer to any question is "0" or "none," or the question is "not applicable", so indicate by writing "0", "none", or "not applicable (N/A)". If additional space is needed to answer any question or to explain your answer to any question, please use and attach a separate sheet of paper identified with your name, the docket number of your case and the number of the question.

My issues on appeal are:

1. Are you or your spouse currently employed? Yes        No X
2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

Yourself:

Name and Address of Employer

BOP

Your Spouse:

Name and Address of Employer

Length of Employment

0 Years    9 Months

Length of Employment

Years    Months

Monthly Gross Pay \$ 18.00Monthly Gross Pay \$             

3. If you are currently unemployed, state the date of your last employment and your monthly gross pay during your last month of employment. Gross pay is pay before any taxes or other deductions are taken.

Date of last employment (Month/Year) for yourself             ; spouse             Monthly gross pay during last month of employment \$             

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?

Average monthly amount during past 12 months for you and your spouse if applicable.

Amount expected next month

Self-employment

	You	Spouse	You	Spouse
Y/N <u>N</u>	\$ <u>0</u>	\$ <u>      </u>	\$ <u>0</u>	\$ <u>      </u>

Income from real property (such as rental income)

Y/N <u>N</u>	\$ <u>0</u>	\$ <u>      </u>	\$ <u>0</u>	\$ <u>      </u>
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Interest and dividends

Y/N <u>N</u>	\$ <u>0</u>	\$ <u>      </u>	\$ <u>0</u>	\$ <u>      </u>
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Gifts

Y/N <u>Y</u>	\$ <u>200</u>	\$ <u>      </u>	\$ <u>200</u>	\$ <u>      </u>
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Alimony

Y/N <u>N</u>	\$ <u>0</u>	\$ <u>      </u>	\$ <u>0</u>	\$ <u>      </u>
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Child Support

Y/N <u>N</u>	\$ <u>0</u>	\$ <u>      </u>	\$ <u>0</u>	\$ <u>      </u>
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Retirement income from sources such as social security, private pensions, annuities, or insurance policies	Y/N <u>N</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability payments such as social security, other state or federal government, or insurance payments	Y/N <u>N</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	Y/N <u>N</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public assistance payments such as welfare payments	Y/N <u>N</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other sources of money (specify: _____)	Y/N <u>N</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<b>TOTAL</b>		<b>\$ <u>200</u></b>	<b>\$ <u>200</u></b>	<b>\$ <u>200</u></b>	<b>\$ <u>200</u></b>

5. State the amount of cash you and your spouse have: \$ 0 (zero)

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
<u>None</u>		\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>

6. State below the assets owned by you and your spouse. **Do not list ordinary household furnishings and clothing.**

<b>Home</b>	<b>Address:</b>	<b>Value:</b> \$ _____
	<u>None</u>	
<b>Other real estate</b>	<b>Address:</b>	<b>Amount owed on mortgages and liens:</b> \$ _____
<b>Motor vehicle</b>	<b>Model/Year:</b>	<b>Value:</b> \$ _____
	<u>None</u>	
<b>Motor vehicle</b>	<b>Model/Year:</b>	<b>Amount owed:</b> \$ _____
	<u>None</u>	
<b>Other</b>	<b>Description:</b> <u>None</u>	<b>Value:</b> \$ _____
		<b>Amount owed:</b> \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>United States</u>	\$ <u>2,000</u>	\$ <u>1</u>
<u>or individuals</u>	\$ <u>0</u>	\$ <u>0</u>
<u>O6-CU-156</u>		

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name	Relationship	Age	Does this person live with you?
			Yes    No

9. Complete this question by estimating the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>  </u>
Are real estate taxes included? Yes <u>  </u> No <u>✓</u>		
Is property insurance included? Yes <u>  </u> No <u>✓</u>		
Utilities: Electricity and heating fuel	\$ <u>0</u>	\$ <u>  </u>
Water and sewer	\$ <u>0</u>	\$ <u>  </u>
Telephone	\$ <u>50</u>	\$ <u>  </u>
Other <u>0</u>	\$ <u>0</u>	\$ <u>  </u>
Home maintenance (Repairs and upkeep)	\$ <u>0</u>	\$ <u>  </u>
Food	\$ <u>00</u>	\$ <u>  </u>
Clothing	\$ <u>0</u>	\$ <u>  </u>
Laundry and dry cleaning	\$ <u>0</u>	\$ <u>  </u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>  </u>
Transportation (not including car payments)	\$ <u>0</u>	\$ <u>  </u>

Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Charitable contributions	\$ <u>15</u>	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)	\$ <u>0</u>	\$ _____
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Auto	\$ <u>0</u>	\$ _____
Other <u>0</u>	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) <u>0</u>	\$ _____	\$ _____
Installment payments	\$ <u>0</u>	\$ _____
Auto:	\$ <u>0</u>	\$ _____
Credit Card: (name) <u>  </u>	\$ <u>0</u>	\$ _____
Department Store: (name) <u>  </u>	\$ <u>0</u>	\$ _____
Other <u>  </u>	\$ <u>0</u>	\$ _____
Other <u>  </u>	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ _____
Payments for support of additional dependents not living at your home	\$ <u>0</u>	\$ _____
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other <u>75</u> <i>Legal - Stamps - Copies Calls - emails</i>	\$ <u>75</u>	\$ _____
TOTAL MONTHLY EXPENSES	\$ <u>200</u>	\$ _____

10. Do you expect any major changes to your monthly income or expenses during the next four months? Yes \_\_\_\_\_ No   
If yes, describe.

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No   
If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the attorney:

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Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the attorney:

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12. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form?

Yes \_\_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

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13. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How much can you pay each month toward the docket fee for your appeal.

\$ 0

15. Please provide any other information that helps to explain why you are unable to pay the docket fees for your appeal. I am currently unlegated to pay toward fine \$ 25.00 per month.

16. State the address of your legal residence:

#02580 - FCI Big Spring  
Big Spring Texas 79720

Your daytime phone number:

() \_\_\_\_\_

Your age: 45

Years of schooling: 12<sup>th</sup>

Your social security number: XXX-XX-3758

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. 28 U.S.C. § 1746, 18 U.S.C. § 1621.

Date: 5.11.11

Signature: Lindsay A Spru

**CERTIFICATE OF SERVICE**

I hereby certify that on 5.11.11 I sent a copy of  
[date]

the foregoing Motion for Leave to Proceed on Appeal without Prepayment of

Costs of Fees, to: Declaration to:

Court Clerk, at 333 W. 4<sup>th</sup> St. Tulsa  
Oklahoma, 74103; I further certify all parties  
receive service through ECF, ~~the last known~~

~~address/email address~~, by \_\_\_\_\_.

[state method of service]

5.11.11

Date

  
Signature